

Small scale wind farms at risk, write Brett Pingree and Mark Jones

THE Scottish onshore wind industry is at a critical juncture. Onshore wind is already the cheapest form of renewable energy. Successful deployment of the technology has seen renewables firmly established as the biggest generator of electricity in Scotland; ahead of nuclear, coal and gas. But action by UK government to curtail onshore wind development threatens to derail this progress with disastrous consequences for Scottish businesses, large and small.

Simply put, government policies making wind energy harder to deploy, will have the effect of making renewable energy more expensive.

A recent UK government report estimated there are 5,400 jobs in the onshore wind sector in Scotland with many more jobs supported or created across rural businesses that have diversified into farm-scale wind.

Indeed, diversification to supplement base incomes is a priority for the rural economy, and for good reason. Gross incomes from farming are estimated to have fallen by 4.4 per cent between 2013 and 2014. In the same period, electricity prices for small non-domestic users increased by over 10 per cent. Falling commodity prices are putting even further stress on farm revenues, making survival a daily challenge.

Endurance Wind Power and EWT manufacture small scale wind turbines which help farmers and small businesses generate electricity on site to power their farms and drastically reduce energy bills, before selling any surplus to the National Grid.

The UK government has already announced changes to subsidies for large onshore wind farms, which, according to Scottish Renewables, could put at risk projects that could provide the equivalent electricity demand of 123 million Scottish homes, while bringing around £3 billion of investment.

Decisions made by UK government to date will have a disproportionate impact on Scotland, since around 70 per cent of onshore wind projects affected by policy changes are located here. And a new raft of policy reviews, this time targeted at farm scale renewables, now look set to start this summer which could mean more than half of the schemes currently proposed may not be implemented.

● **Brett Pingree** is commercial vice-president of Endurance Wind Power and **Mark Jones** is chief executive of EWT.

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Beware of Big Tobacco's

IN JUNE, ASH Scotland ran an international conference and welcomed delegates from the United States, South-east Asia, Australia, Canada, New Zealand and from across Europe.

They came to Scotland to hear about our work in tackling tobacco and to share their experiences with us.

At the start of our conference we heard that globally, tobacco use has killed around 100 million people in the 20th century, much more than all deaths in the First and Second World Wars combined. In the 21st century the death toll could easily reach one billion. Even for smokers who consume ten or fewer cigarettes a day, their life expectancy is on average five years shorter and their lung cancer risk is up to 20 times higher than in never-smokers. We believe the work we do saves lives.

We discussed a wide range of topics over the two day event, from smoking in pregnancy to how tobacco keeps people poor; from tackling the illicit tobacco trade to appropriate regulation for e-cigarettes; from the possible consequences of international trade agreements

Move to change law in Scotland will face same well-funded opposition as in Australia, warns **Sheila Duffy**

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on people's health to the devastating exploitation of tobacco farmers by the industry that employs them. Our conference gave us the chance to compare experiences with and learn from people working on similar issues in very different cultural contexts.

As the Westminster government has this year committed to bringing in legislation for standardised,

plain tobacco packaging throughout the UK (the Scottish Government has been committed to this measure since 2013), I was particularly interested to hear from colleagues from nations like Ireland, New Zealand and Finland who like us are committed to bringing in plain packs legislation, and in particular interested to hear from Australian colleagues for whom tobacco has been served in sludge green packs with boring fonts and prominent picture health warnings since December 2012.

Professor Melanie Wakefield shared Australia's experiences as the first and so far the only nation in the world to introduce standardised tobacco packaging. It was encouraging to hear that smokers said they were less inclined to pick up plain packs. Her stories about the tobacco industry's manipulative and obstructive responses to this legislation, and their strident predictions of economic disaster should it be implemented, sounded very familiar from our own experiences of progressing smoke-free laws in Scotland. In Australia, a thorough body of careful and well-designed research work has shown that the industry's predicted dire consequences have failed to materialise. Two and a half years down the line, all the signs are reassuring.

Despite industry claims being disproved in Australia, I expect them to be deployed here when

our own legislative debate kicks off, so it's worth a quick look at what we might hear.

I'd like to pick out just two of the dire consequences predicted by the tobacco industry and its commercial allies in Australia. These were messages that seem crafted to scaremonger small businesses and to seek to intimidate elected representatives out of following through on their democratic decision. Big Tobacco and its commercial allies said there would be

disruption to small businesses and catastrophic losses; and they predicted there would be an explosion in counterfeiting and in the illicit tobacco trade. Both are terrifying predictions for small businesses struggling on the margins of survival, and both messages were amplified by orchestrated front groups and paid-for public relations companies.

Tobacco companies claimed finding plain packs on shelves would increase retailer transaction times and

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plain pack puffery



The use of e-cigarettes is a case in point, where it is in the interests of Big Tobacco to say they are safe, despite all the evidence that the nicotine they contain is an addictive substance

put customers off. Researchers found on average ahead of plain packaging being introduced, it took between ten and 11 seconds to retrieve a branded pack in shops. It took a second or so longer immediately after the introduction of standardised packaging but within a week or two retrieval times had returned to normal. There was no change in the percentage of smokers purchasing their tobacco from small businesses.

According to researchers and the Australian government,

“The industry is fighting tooth and nail against this effective measure being adopted elsewhere

illicit tobacco did not increase following the introduction of plain packs. More than two years on, the proportion of illicit tobacco seized that is in plain packs is hardly worth counting.

Of course the industry has not given up – probably in large part because it is fighting tooth and nail against this effective measure being adopted elsewhere. Big Tobacco is still trying to trip up the Australian legislation, through ongoing costly challenges

under international trade and intellectual property treaties. It is trying to go under it and round it by spicing up the brand names, and throwing extra free cigarettes into packs.

In Australia as in Scotland, the tobacco industry has a poor track record with the truth and a proven drive to put its profits far above the people who buy and those who retail its lethal products.

● **Sheila Duffy** is chief executive of Ash Scotland www.ashscotland.org.uk

Cost can't be deciding factor on prescriptions



Well-being should be considered, writes **Harry McQuillan**

THE publication of NHS Scotland's Prescription Cost Analysis has again generated a flurry of interest and comment from a wide range of sources.

The drug budget is always under scrutiny but this appears to be amplified in times of reduced government spending. The health service is often politicised and as the devolved administrations of the UK diverge on health policy, Scotland's expenditure is increasingly subject to critical evaluation. We should recognise that spending on medicines is an investment in the wellbeing of Scotland's population. This generates savings for health and social care services and the economy as a whole.

The community pharmacy network prides itself on delivering value for the NHS. One way this is achieved is via effective purchasing of drugs and increasingly efficient ways of working. The cost of medicines to the NHS now stands at £1.19 billion. This is undoubtedly a significant sum but community pharmacies

are already generating efficiencies for the public purse. In a year where the number of medicines dispensed rose 2.4 per cent to £101.1 million, the cost of remunerating contractors for the service only increased by 0.7 per cent (now £208.5m). The community pharmacy government contract for 2013-15 also involved a 2.55 per cent reduction in drugs with prices listed in the Scottish drug tariff.

The numbers only give part of the story. Many of us in Scotland rely on medicines for our well-being. The most expensive item in term of gross cost to the NHS is an inhaler called Seretide. This product is used by many of those with asthma and chronic obstructive pulmonary disease (COPD). Thousands of people need this medication to allow them to live healthier lives and reduce their risk of being admitted to hospital. This obviously benefits the individual but it also allows them to be economically active while avoiding treatment in hospitals which often cost thousands of pounds.

Media reports also focused on the volume of paracetamol supplied free of charge. The drug is the fourth most popular prescribed product in NHS Scotland. This may appear strange when paracetamol is widely available in small boxes at costs of less than 20p.

Most of us use the drug for limited periods of time when we are unwell or have short-term pain but many rely on it as a regular medication. Paracetamol is an effective drug for the treatment of chronic pain recommended by the World Health Organisation as the first step in treating the condition. For this indication, paracetamol is often used at doses requiring up to eight tablets a day or around 224 a month. Due to legal restrictions on its sale it is not possible to purchase the product in that quantity.

We all know Scotland's citizens are living longer. Many will have one or more long-term conditions. With this there will likely be an increased need to treat more people with prescription medicines. Every budget should be subject to scrutiny but the focus should be the positive impact the drug spend is having.

My hope is next year, when the statistics are published, we may be able to celebrate the contribution that medicines are making to people in Scotland's well-being. These treatments are just as important as a new hospital or state of the art diagnostic equipment. Prescription drugs continue to influence the well-being of many Scots. Seeing this as only a cost fails to recognise the positive influence they are having on millions of lives each year. I'm proud to play part Scotland healthcare system where access to drug treatment is based on need and not the ability to pay.

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Westminster's liberal attitude to human embryology

WITH the Scotland Bill on devolution of further powers to the Scottish Parliament currently going through Westminster, one issue that will not be considered or discussed is the sensitive and controversial matter of human embryology and abortion.

This is despite the Smith Commission agreeing that "The parties are strongly of the view to recommend the devolution of abortion and regard it as an anomalous health reservation.

"They agree that further serious consideration should be given to its devolution and a process should be established immediately to consider



Debate itself should be devolved, writes **Calum MacKellar**

the matter further." It also added that: "The devolution of... embryology, surrogacy and genetics... should be the subject of further discussions between the UK and Scottish governments."

But since the 2015 general election, these promises have been quietly put aside notwithstanding both the Edinburgh and London governments stating, publicly, that they remain totally

committed to deliver Smith's recommendations in full.

The Scottish Government was even reported to have said: "There have been no substantive discussions and there aren't any discussions scheduled."

An unnamed SNP spokesperson has also confirmed that the devolution of these issues is not a priority and that they have now been dropped from the Scotland Bill. There seems to be some very

serious confusion, therefore, with the rhetoric on both sides of the Border. It should also be emphasised that any decision about devolving human embryology and abortion should not just be the preserve of the political elite and senior civil servants since they raise very serious interest amongst the general public. Indeed, there is still a need for a debate in Scottish society examining both the advantages and risks of devolving human embryology and abortion.

One of the advantages, for example, of devolving these issues would be that Scotland would be able to distance itself from the disreputable isolation

of the Westminster parliament with respect to embryological legislation.

Of course, authorities in London repeatedly tell the general public that the UK has one of the best regulatory systems in the world relating to human fertilisation and embryology. But when one actually goes abroad to discuss the situation in Britain the reality is very different. Certainly, there are a few commentators in other countries who are jealous of the extremely permissive research setting that exists in the UK. What the general public does not realise, however, is that the majority of foreign bioethical

experts express very grave concerns about the situation in Britain. It is one of the few states, in the whole of Europe, to actively resist implementing international law on ethical practice in human embryology such as the Council of Europe Convention on Human Rights and Biomedicine. This has already been ratified by 29 European countries with another six having signed their intention to ratify.

The UK is resisting such ethical legislation because it has already opened wide its liberal doors to enable possible practices such as the creation of human cloned embryos for destructive research and

and abortion denies Scottish public a voice

the insemination of animals with human sperm. These are procedures which are viewed with a lot of alarm and even abhorrence by other European states such as France, Switzerland, Turkey and Norway where biomedical researchers would be arrested by the police if they undertook similar experiments.

Many in Scotland are unaware that its international responsibility and reputation, as a country supporting ethical practices, are at present



being undermined by the Westminster parliament. Many would find it disturbing to know that other European countries are actually looking down with aversion at the situation in Scotland just because it is bound to the disreputable decisions taking place in London.

The possible devolution of human embryology and abortion to the Scottish Parliament could, therefore, be used to address this problem.

However, there may also be disadvantages in devolving human embryology and abortion. For example, according to the newspapers, the real reasons for putting

aside these issues in the Scotland Bill arose from a concern for pregnant women wanting an abortion and the possibility of different legal limits on termination existing on either side of the Border.

Ethical discourse is all about balancing the advantages and risks of any proposal. In the end, it is very important that it is the members of the Scottish general public who consider these very sensitive and controversial matters in a serious manner. But sadly this has not yet happened.

● **Dr Calum MacKellar** is director of research of the Scottish Council on Human Bioethics www.schb.org.uk